Nurse-Family Partnership Program

The Nurse-Family Partnership (NFP) program provides first-time, low-income mothers of any age with home visitation services from public health nurses. NFP nurses work intensively with these mothers to improve maternal, prenatal, and early childhood health and well-being, with the expectation that this intervention will help achieve long-term improvements in the lives of these at-risk families. The intervention process is effective because it focuses on developing therapeutic relationships with the family and is designed to improve five broad domains of family functioning:

- Health (physical and mental)
- Home and neighborhood environment
- Family and friend support
- Parental roles
- Major life events (e.g., pregnancy planning, education, employment)

Starting with expectant mothers, the program addresses substance abuse and other behaviors that contribute to family poverty, subsequent pregnancies, poor maternal and infant outcomes, suboptimal childcare, and a lack of opportunities for the children.

TARGET POPULATION

NFP serves first-time mothers with little or no income. Ultimately, their babies and everyone in their supportive environment (e.g., friends, boyfriends, fathers, parents, etc.) are involved in the program, but the primary clients are first-time mothers. Some program sites choose to focus exclusively on teen mothers.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention
www.samhsa.gov

Effective Substance Abuse and Mental Health Programs for Every Community

Proven Results

- Improved birth outcomes
- Reduced rates of subsequent pregnancy
- Reduced rates of childhood injury, abuse, and neglect
- Decreased smoking and alcohol use, especially among teenage mothers

INTERVENTION

Universal

Selective

Indicated

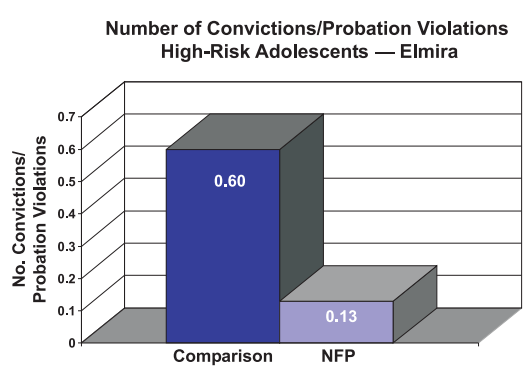
OUTCOMES

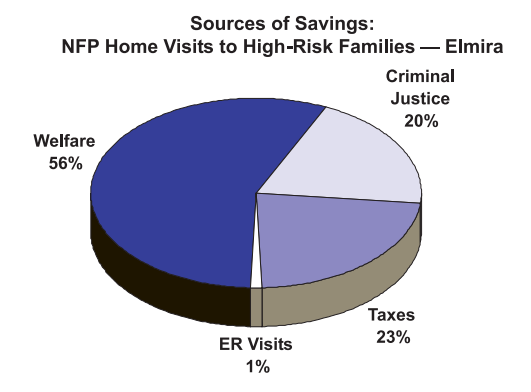
NFP produced consistent benefits for low-income mothers and their children through the child's fourth year in the areas of:

- Mothers' prenatal health (especially in relation to their use of cigarettes)
- Injuries to children
- Rates of subsequent pregnancy
- Use of the social welfare system

A 15-year followup study of the Elmira sample found that the program:

- Reduced child abuse and neglect 79%
- Reduced maternal behavioral problems due to substance use 44%
- Reduced arrests among the mothers 69%
- Resulted in 54% fewer arrests and 69% fewer convictions among the 15-year-old adolescents
- Resulted in 58% fewer sexual partners among the 15-year-old adolescents
- Reduced cigarette smoking by the 15-year-old adolescents 28%





BENEFITS

- Improved birth outcomes through the reduction of preterm and low-birth-weight babies
- Improved parenting and the home environment
- Reduced quickly recurring and unintended pregnancies
- Increased participation in the workforce
- Reduced the incidence of conduct disorders, involvement in crime, and delinquency
- Saved $4 for every dollar invested, due to reduced welfare, fewer arrests, and lower health care (especially emergency room) costs

HOW IT WORKS

NFP represents a refined version of the long-established service strategy of home visitation; it achieves results by providing visits from highly trained public health nurses. These visits usually take place in the client's home but can occur at other locations when necessary.

The *Nurse-Family Partnership Home Visit Guidelines* are the primary resource for nurse home visitors working in the program. The guidelines provide the nurse with a consistent structure for each visit and tools to use in working with clients. The guidelines are designed so that the topics and resources are matched to the specific developmental needs of the family and infant/child. The guidelines also instruct and encourage nurses to adapt interventions to each family's unique interests, strengths, and needs.

NFP uses solution-focused tools to help the nurse assess current client attitudes, skills, knowledge, and situational support. These tools also assist the client in achieving personal goals, attaining behavioral changes, and addressing challenges. The tools include activities for the client and her family, which can be done with or without the nurse, designed to help them apply new knowledge and skills.

IMPLEMENTATION ESSENTIALS

The program meets its objectives by addressing several key components that research and experience have shown to be important:

- The program focuses on first-time mothers with little or no income.
- The home visitors are registered nurses.
- Nurses follow program guidelines that focus on the mother's personal health, quality of caregiving for the child, and parents' own development.

- Nurses begin making home visits while the mother is still pregnant (before the 28th week, ideally between the 12th and 20th week) and continue through the first 2 years of the child's life.
- Nurse home visitors employ a visit schedule that follows the developmental stages of pregnancy and early childhood.
- Nurses work with the mother's existing support system, including family members, fathers when appropriate, and friends, to help families access other health and human services they may need.
- Each nurse home visitor carries a caseload of no more than 25 families.
- The organization implementing the program provides a well-prepared half-time nursing supervisor for every four nurse visitors.
- The program is located in and run by an organization known in the community for providing quality services to low-income families.
- Program staff uses the Clinical Information System that has been designed for the model to keep track of family characteristics, needs, services provided, and progress toward accomplishing objectives.

Program Development and Assistance

An application to become a demonstration site is the basis of initial planning for implementation of the NFP model at the local level. Through telephone consultation and one or more site visits, representatives of the National Center for Children, Families and Communities (NCCFC) and the local agency or organization develop a joint assessment of readiness to implement the program. The application ultimately becomes a work plan for the new program sites. New sites are developed to start serving 100 families using 4 nurse home visitors, a half-time nurse supervisor, and a half-time administrative support person.

Program Fidelity

Program demonstration sites must agree in writing to implement the program with fidelity to its essential components. In return, they receive training, technical assistance, and support for the assessment-focused Clinical Information System from NCCFC.

PROGRAM BACKGROUND

NFP was originally started as a research study in Elmira, NY, in the late 1970s. Because of the encouraging findings, the Office of Juvenile Justice and Delinquency Prevention of the U.S. Department of Justice made NFP part of their "Weed and Seed" initiative, funding the program in six demonstration cities. In 1999, NCCFC was established to disseminate the program nationwide. Currently, NFP programs operate in 22 States.

Target Areas

Protective Factors To Increase

Individual

- Good parenting skills
- Knowledge of substance use effects on pregnancy
- Knowledge of proper prenatal care
- Knowledge of child development

Family

- Support for using needed services
- Involvement of father and/or other family members

Risk Factors To Decrease

Individual

- Unemployment or low levels of income
- Conduct disorders
- Criminal involvement or delinquency
- Positive attitude toward substance use
- Lack of parenting skills
- Early onset of sexual activity and multiple sexual partners
- Single and/or teenage mothers

Family

- Abuse or violence

EVALUATION DESIGN

A major evaluation of NFP was conducted in three large scientifically controlled studies—first in Elmira, NY, then in Memphis, TN, and most recently in Denver, CO. In the studies, pregnant women were randomly assigned either to the NFP program or a control group that received other services, then their children's progress toward the program's goals was assessed over time (i.e., through adolescence). The studies were designed to determine whether the provision of prenatal and infancy home visits improves maternal, child, and family health and well-being as children mature.

PROGRAM DEVELOPER

David Olds, Ph.D.

The Nurse-Family Partnership was originally developed and tested by Dr. David Olds and his colleagues from Rochester, NY. Currently, Dr. Olds is a member of the faculty at the University of Colorado Department of Pediatrics and works closely with the national dissemination effort, conducted through NCCFC, an interdisciplinary program based at the University of Colorado Health Sciences Center. Bridging the university's School of Medicine and School of Nursing, NCCFC is devoted to research, development, and replication of programs in local communities that improve the lives of children and families who live there.

NCCFC is currently directed by Dr. Patricia Moritz, associate professor of Nursing and associate dean for Research in the University of Colorado Health Sciences Center's School of Nursing, and has a staff of nearly 40 full- and part-time employees.

CONTACT INFORMATION

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RECOGNITION

Model Program—Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services

Model Program—Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice